

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/830727

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4	2	2		/		
5	2	2		/		
6	2	2		/		
7			/			
8	2	2		/		
9	2	2		/		
10	1	1				
11	1	1				
12	1	1				
13	1	1				
14	1	1				
15	3	1				
16	3	1				
17	3	1				
18	1	1				
19	1	1				
20	1	1				
21	1	1				
22	1	1				
23	1	1				
24	1	1				
25						
26	0	1				
27						
28						
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44						
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46						
47						
48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	30	22	22			
TOTAL CLAIMS	32	24	24			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY